501 NORTH LAKE STREET, P. O. BOX 147 PESHTIGO 54157 Phone: (715) 582-3906 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Skilled Highest Level License: Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No No Number of Beds Set Up and Staffed (12/31/03): 135
Total Licensed Bed Capacity (12/31/03): 135
Number of Residents on 12/21/02: Title 18 (Medicare) Certified? Yes Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 103 Average Daily Census: 108

RENNES HEALTH CENTER-WEST

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No   No	Primary Diagnosis		Age Groups	ફ ફ		14.6 39.8
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	3.9		28.2
Day Services	Yes	Mental Illness (Org./Psy)	27.2	65 - 74	7.8		
Respite Care	Yes	Mental Illness (Other)	1.9	75 - 84	29.1		82.5
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	49.5	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.7	Full-Time Equivalent	
Congregate Meals	Yes	Cancer	1.0	1		Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	1.0	1	100.0	(12/31/03)	
Other Meals	No	Cardiovascular	18.4	65 & Over	96.1		
Transportation	No	Cerebrovascular	12.6			RNs	7.7
Referral Service	No	Diabetes	2.9	Gender	%	LPNs	9.0
Other Services	No	Respiratory	6.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	28.2	Male	22.3	Aides, & Orderlies	36.2
Mentally Ill	No			Female	77.7		
Provide Day Programming for			100.0	1			
Developmentally Disabled	No			i	100.0		
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## Method of Reimbursement

Medicare (Title 18)			Medicaid 'itle 19		Other			Private Pay		Family Care			Managed Care							
Level of Care	No.	9	Per Diem (\$)	No.	ફ	Per Diem (\$)	No.	ુ	Per Diem (\$)	No.	9	Per Diem (\$)	No.	ક	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	11	100.0	303	74	94.9	117	0	0.0	0	14	100.0	145	0	0.0	0	0	0.0	0	99	96.1
Intermediate				4	5.1	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	3.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		78	100.0		0	0.0		14	100.0		0	0.0		0	0.0		103	100.0

RENNES HEALTH CENTER-WEST

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Admissions, Discharges, and	Per	cent Distribution	of Residents'	Conditio	ns, Services,	and Activities as of 12	/31/03
Deaths During Reporting Period							
				%	Needing		Total
Percent Admissions from:	Ac	tivities of	8	Assi	stance of	% Totally	Number of
Private Home/No Home Health	15.2   Dail	y Living (ADL)	Independent	One C	r Two Staff	Dependent	Residents
Private Home/With Home Health	2.9   Ba	thing	1.9		83.5	14.6	103
Other Nursing Homes	2.2   Dr	essing	8.7		81.6	9.7	103
Acute Care Hospitals	76.8   Tr	ansferring	32.0		61.2	6.8	103
Psych. HospMR/DD Facilities	0.0   To	ilet Use	22.3		62.1	15.5	103
Rehabilitation Hospitals	0.7   Ea	iting	63.1		31.1	5.8	103
Other Locations	2.2   *****	*****	*****	******	*****	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * *
Total Number of Admissions	138   Cont	inence		용	Special Treat	ments	%
Percent Discharges To:	Ind	welling Or Externa	al Catheter	5.8	Receiving R	espiratory Care	7.8
Private Home/No Home Health	27.8   Occ	:/Freq. Incontinen	t of Bladder	58.3	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	12.6   Occ	:/Freq. Incontinen	t of Bowel	20.4	Receiving S	uctioning	0.0
Other Nursing Homes	11.9				Receiving C	stomy Care	3.9
Acute Care Hospitals	20.5   Mobi	.lity			Receiving T	ube Feeding	2.9
Psych. HospMR/DD Facilities	0.0   Phy	sically Restraine	d	3.9	Receiving M	echanically Altered Diet	s 35.9
Rehabilitation Hospitals	0.0						
Other Locations	2.0   Skin	Care			Other Residen	t Characteristics	
Deaths	25.2   Wit	h Pressure Sores		12.6	Have Advanc	e Directives	81.6
Total Number of Discharges	Wit	h Rashes		13.6	Medications		
(Including Deaths)	151				Receiving F	sychoactive Drugs	59.2

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	Ownershi		Ownership: Bed Size:			Lic	ensure:		
	This	Pro	Proprietary		-199	Ski	lled	Al.	1
	Facility	Peer Group		Peer	Group	Peer	Group	Facilities	
	엉	%	Ratio	%	Ratio	용	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	80.0	84.6	0.95	87.2	0.92	88.1	0.91	87.4	0.92
Current Residents from In-County	67.0	75.5	0.89	78.9	0.85	69.7	0.96	76.7	0.87
Admissions from In-County, Still Residing	16.7	18.9	0.88	23.1	0.72	21.4	0.78	19.6	0.85
Admissions/Average Daily Census	127.8	152.9	0.84	115.9	1.10	109.6	1.17	141.3	0.90
Discharges/Average Daily Census	139.8	154.8	0.90	117.7	1.19	111.3	1.26	142.5	0.98
Discharges To Private Residence/Average Daily Census	56.5	63.8	0.89	46.3	1.22	42.9	1.32	61.6	0.92
Residents Receiving Skilled Care	96.1	94.6	1.02	96.5	1.00	92.4	1.04	88.1	1.09
Residents Aged 65 and Older	96.1	93.7	1.03	93.3	1.03	93.1	1.03	87.8	1.10
Title 19 (Medicaid) Funded Residents	75.7	66.0	1.15	68.3	1.11	68.8	1.10	65.9	1.15
Private Pay Funded Residents	13.6	19.0	0.71	19.3	0.70	20.5	0.66	21.0	0.65
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	29.1	31.3	0.93	39.6	0.74	38.2	0.76	33.6	0.87
General Medical Service Residents	28.2	23.7	1.19	21.6	1.31	21.9	1.29	20.6	1.37
Impaired ADL (Mean)	42.5	48.4	0.88	50.4	0.84	48.0	0.89	49.4	0.86
Psychological Problems	59.2	50.1	1.18	55.3	1.07	54.9	1.08	57.4	1.03
Nursing Care Required (Mean)	9.6	6.6	1.46	7.4	1.29	7.3	1.32	7.3	1.31